



## Letter to the Editor

## Intervention to reduce epilepsy-associated stigma



Dear Editor

We thank Siewe Fodjo and Colebunders for the interest and comments on our article [1]. We agree that stigma remains a big hindrance in epilepsy control and stigma is more likely to occur when there is little knowledge on the correct cause of epilepsy [2].

Understanding the cause of any illness empowers patients to manage their illness better. Epilepsy caused by infectious agents is a potentially preventable disease. Onchocerciasis is reported to be one of the many infectious causes of epilepsy, and onchocerciasis-associated epilepsy (OAE) has been reported within areas with a high prevalence of river blindness (onchocerciasis). Although the pathophysiological mechanism underlying this relationship is not well-understood, an association between the two has been reported [3,4].

In Uganda, onchocerciasis has been reported in western Uganda and northern districts within regions that have suffered from nodding disease [5,6]. Uganda continues to pursue its objective of nationwide onchocerciasis elimination by 2020, with twice-yearly ivermectin treatment and ground-based larviciding to accelerate the interruption of transmission. Some regions have been reclassified as 'transmission interrupted' on August 2017 by the World Health Organization (WHO) [7]. We agree that mentioning that onchocerciasis can cause epilepsy will reduce stigma and motivate people to take ivermectin to prevent OAE especially within regions with high prevalence of river blindness. This would enhance OAE elimination programs in Africa.

If not addressed, this portends a high burden of epilepsy and subsequently stigma. Because onchocerciasis is one of the treatable associated infectious causes for epilepsy, we agree that a public education campaign aimed at reducing river blindness is urgently needed.

## References

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